

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



Wiley, Officer
 Montgomery County Detention Facility
 Box 4599
 Montgomery, AL 36103

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ *G. Brown* ☐ Addressee
- B. Received by (Printed Name) *H. BROWN* C. Date of Delivery *1-8-07*
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

- Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from)

7005 1820 0002 3461 4087

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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Southern Health Partners
 Montgomery County Detention Facility
 P.O. Box 4599
 Montgomery, AL 36103

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ *G. Brown* ☐ Addressee
- B. Received by (Printed Name) *H. BROWN* C. Date of Delivery *1-8-07*
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

- Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service)

7005 1820 0002 3461 4131

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Ma M. Savage
 Montgomery County Detention Facility
 P.O. Box 4599
 Montgomery, AL 36103

- A. Signature ☐ Agent
☒ *G. Brown* ☐ Addressee
- B. Received by (Printed Name) *H. BROWN* C. Date of Delivery *1-8-07*
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

- Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 4070

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Domestic Return Receipt

102595-02-M-1540